GOVERNOR'S CONFERENCE SELF-DETERMINATION, EMPOWERMENT AND RECOVERY

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PRESENTED 12/09/2004

 REINVESTMENT INITIATIVE PROPOSED BY THE GOVERNOR IN DECEMBER 2003 AND ACCEPTED BY THE LEGISLATURE IN APRIL 2003

GOAL: PLANFUL REDUCTION OF STATE
INSTITUTION BED CENSUS WITH SAVINGS
REINVESTED IN NEW AND EXPANDED
COMMUNITY-BASED SERVICES

- LOCAL GOVERNMENT PROVISION: GENERAL ASSEMBLY CLEARLY STATED ITS INTENT THAT LOCAL GOVERNMENTS <u>NOT</u> BE FINANCIALLY LIABLE FOR REGIONAL REINVESTMENT PROJECTS, NOR REQUIRED TO PROVIDE MATCHING FUNDS FOR THE PROJECT
- STATE REMAINS RESPONSIBLE FOR PROVISION OF INPATIENT PSYCHIATRIC SERVICES AND ANY FUTURE FUNDING LEVELS FOR REINVESTMENT

- HPR IV: CONSORTIUM OF CSB/BHA AND STATE FACILITY DIRECTORS IS IDENTIFIED AS ENTITY TO PLAN, IMPLEMENT AND MANAGE THE REINVESTMENT PROJECT
- CONSORTIUM PROVIDES ONGOING OVERSIGHT TO REGIONAL PARTNERSHIP PLANNING STEERING COMMITTEE COMPOSED OF MULTI-STAKEHOLDERS

- CONSORTIUM NEGOTIATES A MODEL REINVESTMENT MEMORANDUM OF AGREEMENT WITH DMHMRSAS
- CONSORTIUM CREATES A POSITION FOR REINVESTMENT PROJECT MANAGER WHO IS DIRECTED AND EVALUATED BY THE CONSORTIUM WITH DAY-TO-DAY SUPERVISION PROVIDED THROUGH RBHA AS FISCAL AGENT

- CONSORTIUM AGREES TO STRENGTHEN REGIONAL AUTHORIZATION COMMITTEE (RAC) WITH REPRESENTATIVES FROM CSB/BHA, DMHMRSAS, AND CENTRAL STATE HOSPITAL (CSH) PROVIDING FOR A MODEL INTENSIVE AND ONGOING UTILIZATION MANAGEMENT OF CSH CENSUS.
- REGIONAL PROJECT MANAGER IS ADDED TO RAC TEAM TO ASSURE COORDINATION AND AUTHORIZE REGIONAL RESOURCES WHEN NEEDED.

- HPR IV REINVESTMENT GOALS:
  - PROVIDE QUALITY COMMUNITY-BASED SERVICES FOR CONSUMERS WHO DO NOT NEED INSTITUTIONAL CARE
  - MAINTAIN HIGH QUALITY CARE AT CSH FOR CONSUMERS WHO STILL NEED THIS CARE
  - INCREASE STATE OWNERSHIP FOR SYSTEM SUCCESS

- HPR IV REINVESTMENT GOALS (2)
  - MORE EFFECTIVELY UTILIZE AVAILABLE STATE FUNDS AND LEVERAGE MORE MEDICAID FUNDS FOR SERVICES; SERVE MORE CONSUMERS
  - INCREASE INDIVIDUAL CSB/BHA OWNERSHIP FOR THEIR CATCHMENT AREA CONSUMERS
  - REDUCE/ELIMINATE OUT-OF-REGION REFERRALS OF CONSUMERS DIRECTLY AND/OR THROUGH STATE INSTITUTIONS
  - MEASURE AND REPORT OUTCOMES AND SUCCESSES

- HPR IV REINVESTMENT GOALS (3)
  - EXERCISE SENSITIVITY TO REGIONAL AND LOCAL NEEDS FOR SERVICE DISPERSION
  - ESTABLISH SERVICES THAT WILL REDUCE HISTORICAL RELIANCE ON LIMITED LOCAL OR REGIONAL INPATIENT BEDS
  - FOCUS SERVICES AS NEEDED ON CONSUMERS WITH CO-OCCURING DISORDERS (MH/SA; MH/MR)
  - COORDINATE EFFECTIVELY WITH REGION IV ACUTE CARE PROJECT

- HPR IV FOUNDATION PLANNING:
  - CSB/BHA AND CSH DESIGNATED STAFF CONDUCTED AN INTENSIVE CLINICAL REVIEW OF IMMEDIATE AND NEAR FUTURE DISCHARGE-READY CSH CONSUMERS
  - ASSESSED ARRAY OF NEW/EXPANDED REGIONAL AND LOCAL SERVICE NEEDS
  - RAC ESTABLISHED EXPANDED AND MODIFIED PROTOCOLS, INCLUDING AN "URGENT RELIEF" CENSUS PROTOCOL

- HPR IV FOUNDATION PLANNING (2)
  - CONSORTIUM ESTABLISHED A 3 PHASE APPROACH TO REINVESTMENT IMPLEMENTATION: CLOSURE OF 1 CSH UNIT IN EACH PHASE WITH EACH UNIT CLOSURE RESULTING IN \$1.4 MILLION IN REINVESMENT FUNDS PRODUCED
  - CONSORTIUM ESTABLISHED BUDGET (\$500,000 PROVIDED BY DMHMRSAS) FOR START-UP, FISCAL AGENT/PROJECT COORDINATION, AND PHASE I.

- PHASE I IMPLEMENTED JUNE 2003 WITH REDUCTION OF 20 CIVIL BEDS AND REINVESTMENT OF \$1.4 MILLION IN COMMUNITY-BASED REGIONAL AND LOCAL SERVICES
- PHASE II IMPLEMENTED AUGUST 2003 WITH REDUCTION OF ANOTHER 20 CIVIL BEDS AND REINVESTMENT OF ANOTHER \$1.4 MILLION IN COMMUNITY-BASED REGIONAL AND LOCAL SERVICES
- PHASE III CONTINUES IN PLANNING STATUS WITH FOCUS ON CSH FORENSIC BEDS
- 8/03-PRESENT CSH CIVIL BED CAPACITY REMAINS 100

**EXPANDED LOCAL CSB/BHA SERVICES** 

- RESIDENTIAL CARE: SPECIALIZED GROUP LIVING/DAY PROGRAM SUPPORTED HOUSING
- DAY SUPPORTS: PSYCHOSOCIAL REHAB SERVICES, ASSERTIVE COMMUNITY TREATMENT (PACT), INTENSIVE COMMUNITY TREATMENT (ICT)
- CASE MANAGEMENT/INTENSIVE CASE MANAGEMENT/ HOSPITAL LIAISON SERVICES/INTENSIVE OUTPATIENT SERVICES
- MEDICATION SERVICES/MEDICAL (PSYCHIATRY, NURSING)
- SPECIALIZED INDIVIDUAL CONSUMER SUPPORT SERVICES

### HPR IV REINVESTMENT PROJECT SERVICE ENHANCEMENTS - 2005

<u>Service</u>	<u>Hours</u>	<u>Units</u>	# Served
Case management	9226	Hours	462
Outpatient	3790	Hours	195
Intensive Residential	6309	Days	101
Emergency	500	Hours	40
Medical (Psychiatrist, Nursing)	1321	Hours	194
Day Support	910	Days	100
Crisis Residential	584	Days	19
Hospital Liaison	808	Hours	19
Specialized Individual Supports	N/A	Rent, medication, etc.	N/A

TOTAL SERVED (DUPLICATED COUNT):

#### **REGIONAL SERVICES**

- CRISIS STABILIZATION/DETOX-CONTRACTED WITH RUBICON INC. (OCTOBER, 2003)
- BEHAVIORAL SUPPORT TEAM- CONTRACTED WITH VCU (SEPTEMBER, 2004)
- REGIONAL JAIL TEAM-FOCUS 3 JAILS- DIRECT REGIONAL OPERATION THROUGH RBHA AS HIRING AGENT (JUNE, 2004)

**REGIONAL SERVICES (2)** 

- INDIVIDUALIZED CONSUMER SUPPORT SERVICES (FIRST: JANUARY, 2004)
  - SPECIALIZED NURSING CARE- EXTENSIVE VENDOR IDENTIFICATION EFFORT NOT SUCCESSFUL-REGION CONSIDERING DIRECT OPERATION

#### **OUTCOMES**

- 100 BED CSH CIVIL BED CAPACITY EFFECTIVELY UTILIZATION MANAGED BY RAC
- 233 CONSUMERS SERVED IN CRISIS STABILIZATION 10/03-11/04 WITH ONLY 6% NEEDING CSH OR LOCAL HOSPITALIZATION FOLLOWING DISCHARGE
- BEHAVIOR TEAM BEGAN SERVICES MID-9/04 WITH 17 CONSUMERS SEEN WITH 135.25 SERVICE HOURS PROVIDED (NOTE: TEAM IS ½ TIME DIRECT SERVICE, ½ TIME TRAINING AND CONSULTATION.)

## HPR IV REINVESTMENT PROJECT OUTCOMES (2)

- JAIL TEAM SERVED 127 CONSUMERS WITH 528 CONSUMER CONTACTS; 16 DIVERTED FROM NEED FOR ADMISSION TO CSH; SEVERAL WITH REDUCED LOS AT CSH

- 7 CONSUMERS EFFECTIVELY SERVED WITH ON-GOING INDIVIDUALIZED SUPPORT SERVICES- NONE NEEDING REHOSPITALIZATION

#### INDIVIDUALS SERVED BY REGIONAL REINVESTMENT PROGRAMS THROUGH NOVEMBER 30, 2004

CSB	Crisis/Stabilization	Individual Supports	Jail Team	Behavior Team
START DATE:	10/03	01/04	07/04	09/04
Chesterfield	8	0	26	7
Crossroads	15	0	0	0
D-19	17	1	61	1
Goochland-Powhatan	1	0	1	2
Hanover	11	0	0	3
Henrico	64	2	4	1
RBHA	117	4	35	3

127

17

233

TOTAL:

#### UNPLANNED OUTCOMES

- SEPTEMBER 2003 HELD CONSENSUS CONFERENCE ON MH/MR NEEDS
- ATTENDED BY 82 PERSONS FROM CSB/BHA's, CONSUMERS, PRIVATE PROVIDERS, HOSPITALS.
- PRESENTATIONS BY COMMISSIONER, CMS, STATE OF OHIO AND NADD

**UNPLANNED OUTCOMES (2)** 

- FORMED THREE WORK GROUPS:
  - \* REGIONAL PROTOCOL FOR MANAGEMENT OF MH/MR
  - \* TRAINING CURRICULUM DEVELOPMENT
  - \* STAFF SUPPORT/RELATIONSHIP ENHANCEMENT

## HPR IV REINVESTMENT PROJECT UNPLANNED OUTCOMES (3)

- GROUPS HAVE MET REGULARLY IN PERSONOR VIA TELEPHONE CONFERENCE CALLS
- GROUPS WILL COMPLETE DRAFT REPORTS BY 12/31/04
- IMPLEMENTATION OF RECOMMENDATIONS DURING FIRST QUARTER OF 2005

**UNPLANNED OUTCOMES (4)** 

- WORK OF MR/MH GROUPS IS BEING COORDINATED THROUGH CONSULTANT\* WITH PARALLEL WORK GROUP DEVELOPING PROTOCOLS FOR MANAGING MR/MH CRISES
- PLANS FOR WEB-BASED RESOURCE DATA BASE AND TRAINING MODULES

**UNPLANNED OUTCOMES (5)** 

- JAIL TEAM WILL PROVIDE 16 HOURS OF TRAINING ON MANAGEMENT AND RECOGNITION OF MH OF INMATES THROUGH CRATER CRIMINAL JUSTICE ACADEMY DURING 5 CONTINUING EDUCATION SESSIONS FOR CORRECTIONS OFFICERS FROM 19 JAILS IN HPR IV.

#### **UNPLANNED OUTCOMES (6)**

- NEW STATE REGIONAL DAP FUNDING IS BEING COORDINATED THROUGH REGIONAL PROJECT STRUCTURE, INCLUDING RAC AND REGIONAL PROJECT MANAGER
- RFP FOR SPECIALIZED RESIDENTIAL SERVICES FOR UP TO 6 CURRENT CSH RESIDENTS IS CURRENTLY ACTIVE
- SERVICE PLANS FOR 4 OTHER CURRENT RESIDENTS ARE APPROVED AND AWAITING IMPLEMENTATION

## HPR IV REINVESTMENT PROJECT CONICI LIDINIC COMMENITS

### **CONCLUDING COMMENTS**

PROJECT HAS MET OR EXCEEDED ITS GOALS REGARDING PROJECT MANAGEMENT/DEVELOPMENT, RESOURCE REINVESTMENT, CSH CENSUS UTILIZATION MANAGEMENT, AND REGIONAL/LOCAL SERVICE DELIVERY

**CONCLUDING COMMENTS (2)** 

- PHASE III INITIATIVE NEEDS FINAL PLANNING AND IMPLEMENTATION IN 2004-05

- DECISION/ACTION NEEDED ON POTENTIAL DIRECT REGION OPERATION OF SPECIALIZED NURSING CARE FACILITY

## HPR IV REINVESTMENT PROJECT CONCLUDING COMMENTS (3)

- INFLATION/COST OF BUSINESS ANNUAL INCREASES NEED TO BE PROVIDED THROUGH STATE FUNDING TO SUSTAIN PROJECT WITHOUT LOCAL FUNDING COST

- STATEWIDE SYSTEM IMPACTS ON CSH CIVIL CENSUS, BEYOND CONTROL OF REGION IV, MUST BE ADDRESSED BY DMHMRSAS

**CONCLUDING COMMENTS (4)** 

- CURRENT AND FUTURE REINVESTMENT NEEDS TO BE CONSIDERED IN TERMS OF OVERALL SYSTEM FUNDING NEEDS AND RESTRUCTURING
- REGION NEEDS ADDITIONAL LEGAL EMPOWERMENT TO CONDUCT PLANNED REGIONAL "BUSINESS"